Life of PIE

Helen Keats
National Rough Sleeping Advisor

Life of PIE

- Rough sleepers fall into three main groups

- -people new to the streets
- -people who repeatedly return to the streets
- -people who are entrenched rough sleepers

Life of PIE

<u>Psychologically Informed Environments</u>

People who repeatedly return to the streets require a different intervention to those who are new to rough sleeping or who are entrenched.

Research by Dr Nick Maguire at Southampton University for DCLG (2009, 2010) showed that up to **60%** of adults living in hostels in England have a diagnosable personality disorder compared with **4.4%** in the general population.

Life of PIE

Psychologically Informed Environments

The behaviour of repeat returners to the streets may be associated with mental health problems such as:

- personality disorder
- post-traumatic stress disorder
- **complex trauma** as a result of sustained exposure to trauma in childhood; or
- conduct disorders in children.

Life of PIE

Psychologically Informed Environments

People with **complex trauma** who have slept rough can:
- prove difficult to engage with,
- demonstrate volatile, irresponsible, risky or antisocial behaviour
- use drugs and alcohol as a form of self medication.

They may behave and think in particular ways which perpetuate their problems.

This makes key working very hard and at times frustrating for both client and worker. Positive outcomes get hard to achieve.

Life of PIE

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- DCLG led on the development of PIEs because meeting the emotional and psychological needs of rough sleepers is a crucial factor in helping people to move off the streets and keep hold of their accommodation.

Life of PIE

Psychologically Informed Environments

Maguire's research led to non statutory guidance: "Meeting the psychological and emotional needs of homeless people" in July 2010 **www.nmhdu.org.uk/complextrauma**

and to the practitioner paper in June 2011 **www.homelesshealthcare.org.uk**

Making PIEs

Peter Cockersell
Director of Health and Recovery

St Mungo's

- About 2000 beds: hostels to self-contained flats, including registered care
- Specialised drug, alcohol, mental health, dual diagnosis; older, women's, and sexworkers' projects
- Street outreach, 2 day centres, employment, training, substance use, health, and psychotherapy
- London, Reading, Oxford, Oxfordshire, Bath, Bristol, Hitchin, Welwyn Garden City…

St Mungo's
Opening doors for homeless people

- Self-harm
- Uncontrolled drug or alcohol use
- Impulsive, careless of the consequences
- Withdrawn, reluctant to engage
- Anti-social
- Isolated

- Aggressive
- Lacking daily structure or routine
- Inability to sustain work or education
- Bullying, or being a victim
- Offending
- Unstable relationships

'Psychologically Informed Environments'
aim to create:

an empowering and calming environment where
people can feel emotionally as well as physically safe,
and can gain an understanding of their behaviour
and an ability to take responsibility for themselves

www.homelesshealthcare.org.uk

- Complex trauma arises from abusive relationships
- Healing relationships need to be managed, and take care, and time
- Relationships have an impact on both/all parties
- Group dynamics affect individual group members' relationships
- Sometimes people need specialised help

- Psychological Framework
- Social Spaces
- Staff Training and Support
- Managing Relationships
- Access to psychotherapy

- Based on relational psychodynamics
- Does not require diagnosis or pathologisation of clients, and recognises the reality and validity of their experiences
- Evidence of effectiveness
- Works on linking thinking and emotions, and the regulation of affect
- Staff supervision/reflective practice groups
- Client psychotherapy

- Training in psychological perspectives and psychologically informed approaches, and The Escape Plan

- Supervision/reflective practice

- Organisational commitment to Recovery

- Co-production and client participation

Enabling recovery is about

acknowledging shattered lives and broken hearts,

building trust,

and holding hope,

through modelling positive relationships

Robin Johnson

*"*When you ask a member of staff why they are doing something, they can explain it in terms of the emotional and psychological wellbeing of the clients*"*

St Mungo's
Opening doors for homeless people

Everyone needs to be the sparkle in someone else's eye

Michael Balint: 'The Basic Fault'

" I didn't believe in myself, but it seems that other people believed in me; through their belief I could begin to do things. "

- www.homelesshealthcare.org.uk

- Peter.cockersell@mungos.org

Psychologically Informed Environments: Evidence-generating practice
(Is your PIE hot enough?)

- **Nick Maguire**
- **Senior Lecturer in Clinical Psychology**
- **University of Southampton**

PSYCHOLOGICALLY INFORMED ENVIRONMENTS

- Reflection on internal experience
  - Cognitions
  - Emotions
  - Impact on behaviour
- Staff – own experience in relation to client behaviour
- Clients – own experience governing their behaviours

RESEARCH QUESTIONS 1

- How can we enable PIEs?
  - Staff training and reflective practice to enable reflection on internal experience
- Effectiveness of training and supervision
  - Burnout
  - Negative beliefs
  - Confidence in effecting change

- Skills
  - Metacognitive ability
  - Formulation

RESEARCH QUESTIONS 2

- Does PIE implementation result in change for clients?
  - Mental health, physical health, drug and alcohol
  - Values-driven and 'asocial' behaviours
  - Relationships
  - Engagement
  - Experience, satisfaction, wellbeing

EVIDENCE

- Interventions should be based on clear evidence underpinning the nature of the problem
  - Formal research
- Interventions should be based on evidence of what works
  - Evidence generating practice
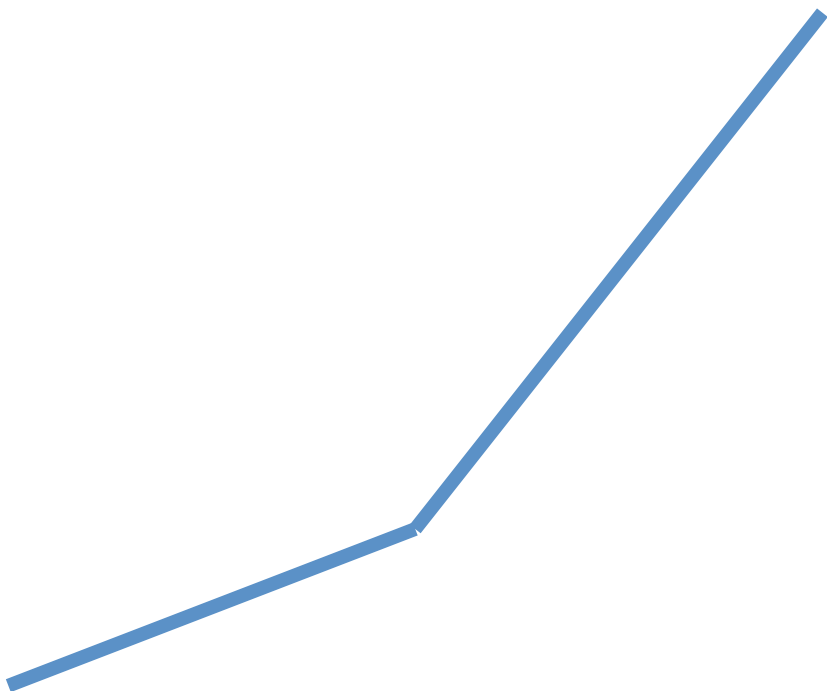 - Formal research trials

EVIDENCE

- Role of emotion dysregulation
  - Observed behaviours
- Role of attachment
  - Relationships and emotions
- Role of negative beliefs
  - Perceptions of e.g. others' motives in terms of core beliefs

STAFF TRAINING AND REFLECTIVE PRACTICE

- 308 staff trained
  - St Basils, DePaul, Westminster CC, St James, TwoSaints
- Pre-post (T1-T2) training improvements in
  - Burnout
  - Negative beliefs
  - Confidence in effecting change
- Reflective practice further increases improvement
  - Numbers much lower for T3, still significant

EVIDENCE: SERVICE USERS

- Early evidence of improvement with direct therapy support

- Evidence of improvements of staff improvements

- Westminster data to come, some evidence of improvement, but not able to tie to staff training

- Difficulties in gathering data

- Needs a formal research trial

Lambeth Waterloo Project

- Clinical Psychologist using Mentalisation-Based Treatment
  - 1:1, group, reflective practice
- Engagement rates up compared to baseline; over 50% residents passing through project engaged in some form of psychological intervention
- HoNoS
  - Improvements of moderate effect size achieved on drug and alcohol scales
  - Improvements of *critical clinical importance* on scales measuring problems with living conditions and occupation/activity.
- CORE-10
  - 7/8 clients large effect size improvement on global measure of mental health

Questions?